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University Hospitals
Cleveland Medical Center

RETURN TO WORK AUTHORIZATION

(Fitness for Duty)

Family and Medical Leave Act (FMLA) / UH Medical Leave of Absence

TO BE COMPLETED BY THE EMPLOYEE

Name (print): DEBORAH MOSS
63 SALAM COURT HIDALGO OHIO 44233
 Address City / State / Zip Code
 Phone#: 330 225 9597 Social Security#: _____ Date of Birth: 5/31/1965
 UH Position Title: REHABILITATION SPECIALIST - PALMA BHU
 Manager Name (please print): KATHRYN HOLLY

To be completed by Physician/Practitioner

Reason for Leave: MEDICAL FITNESS FOR DUTY
 Regimen of Care: Chiropractic Therapy PRN
 Discharge Date: Hospital _____ Office: _____
 I saw and treated this patient on 3/22/17 and based on the above description of the patient's current medical problem:
☒ Recommend his/her return to work with no limitations on 3/22/17
☐ He/She may return to work on _____ with the following limitations (below):

CHECK ONLY AS RELATED TO ABOVE CONDITIONS

- ☐ CLASS (1) No Heavy Lifting
- Is able to bend, stoop, push, and pull.
 - Only restriction is no lifting more than 50 pounds.
- ☐ CLASS (2) Light Work
- Unlimited standing or walking.
 - No lifting greater than 25 pounds.
 - Occasional bending or stooping.
- ☐ CLASS (3) Semi-Sedentary
- Work one-half of the time sitting and one-half standing and walking.
 - No lifting greater than 11-20 pounds.
 - No repetitive bending or stooping.
- ☐ CLASS (4) Semi-Sedentary
- Work in a sitting position.
 - No lifting greater than 5-10 pounds.
 - No repetitive bending or stooping.
 - Minimal demand for physical effort.
- (1) In a 8/12 hour day, he/she may:
 Only Work: _____ hrs/day; _____ days/wk
 Stand/Walk: ☐ None ☐ 1-4 Hrs ☐ 4-6 Hrs ☐ 6-8 Hrs
 Sit: ☐ 1-3 Hrs ☐ 3-5 Hrs ☐ 5-8 Hrs
 Drive: ☐ 1-3 Hrs ☐ 3-5 Hrs ☐ 5-8 Hrs
- (2) He/She may use hand(s) for repetitive:
☐ Single Grasping
☐ Pushing & Pulling
☐ Fine Manipulation
- (3) He/She may use foot/feet for repetitive movement, as in operating foot controls.
☐ Yes ☐ No
- (4) He/She may: Not at all Occasionally Frequently
 Bend ☐ ☐ ☐
 Twist ☐ ☐ ☐
 Squat ☐ ☐ ☐
 Climb ☐ ☐ ☐
 Reach ☐ ☐ ☐

OTHER INSTRUCTIONS AND/OR LIMITATIONS (Including Prescribed Medications)

- ☐ These restrictions are in effect until _____ or until patient is reevaluated on _____
☐ He/She is totally incapacitated at this time. Patient will be reevaluated on _____
☐ Referred to: ☐ None ☐ PT ☐ Specialist

Signature of Physician/Practitioner: Thomas M. Ormsby, D.C. Date: 3/22/17
 Print Name: Thomas M. Ormsby, D.C.
 Field of Specialization: Chiropractic Physician Phone #: (330) 220-1611
 Address: 11659 Pearl Road City/State/Zip Code: Brownsville, OH 44212

Federal law prohibits employers from requesting genetic information. To comply with the law, do not provide us with any genetic information when responding to this request. "Genetic information" includes an individual's family medical history, results of genetic tests, information about genetic services or tests, or any other genetic information.

If employed by: UH Cleveland Medical Center/Rainbow Babies & Children's/Seldman Cancer Center/UH CompCare/UH Corporate: Please fax to Lisa Edgehouse, RN at 216-201-4096.

If other entities and community hospitals: Please fax to Kara Ladach, RN at 216-201-4096.

FAX TO EAP 216 983 3038